



Investigation – RI Definitions & Rules for Entering Investigation Information for Animal Bites

Brief Description or Field Name	Description	RI Rules for Data Entry
Jurisdiction	The region responsible for the investigation	Required; RI has only 1 jurisdiction
Program Area	The organizational ownership of the investigation. Program areas(e.g. General Communicable Diseases, Hepatitis, STD, HIV/AIDS, Vaccine Preventable) are defined by the conditions for which they provide primary prevention and control.	Required. This is pre-populated based on the condition.
State Case ID	Open field to be used by OCD, if needed.	Leave blank.
Investigation Start Date	Date the investigation was started.	Required
Investigation Status	The status of the investigation: Open or Closed.	Leave as OPEN until the investigation is completed (i.e. until all pertinent facts necessary to evaluate the risk and determine if treatment is necessary.) Then change to closed
Share record with Guests	This field indicates whether or not the record should be shared with all users who have guest privileges for the Program Area/Jurisdiction.	Defaults to checked. OK to leave checked. Not in use by RI at this time
Investigator	The name of the person who is responsible for the case investigation	Required. Quick code = first initial of first name +first 5 letters of last name.
Date assigned to Investigation	The date that the Investigation was assigned to the investigator or the date the investigator started the investigation if self-assigned	Required



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Date of Report	Date first reported by reporting source if reported by phone or date received by person on-call if animal bite.	Required
Reporting Source	Type of facility or provider associated with the source of information sent to Public Health. For Animal Rabies it would be the Health Laboratory	Leave Blank
Earliest Date Reported to County	Date first reported to County	Leave blank
Earliest Date Reported to State	Date first reported to State	Not required
Reporter	Search table for who Reported the case	Not required.
Physician	Search table for patient's physician.	Not required
Was the patient hospitalized for this illness?	Was the patient hospitalized for this illness?	Not required
Diagnosis Date	Date of diagnosis of condition being reported.	Not required
Illness Onset Date	Date of the beginning of the illness. Reported date of the onset of symptoms of the condition being reported to the public health system. Enter date of 1st symptom related to this illness	Not required
Illness End Date	The time at which the disease or condition ends.	Not required
Illness Duration	The length of time this person had this disease or condition.	Not required.
Age at Onset	Subject's age at the time of the incident	Required
Is the patient pregnant?	Assesses whether or not the patient is pregnant. For Female patients only.	Not required



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Does the patient have pelvic inflammatory disease?	Did the patient have PID?	Leave blank
Did the patient die from this illness?	Did the patient die from this illness?	Not required
Is this patient associated with a day care facility?	Indicates whether the subject of the investigation was associated with a day care facility. The association could mean that the subject attended daycare or work in a daycare facility.	Not required
Is this patient a food handler?	Indicates whether the subject of the investigation was food handler.	Not required
Is this case part of an outbreak?	Denotes whether the reported case was associated with an identified outbreak.	Not required
Where was the disease acquired?	Indication of where the disease/condition was likely acquired.	Not required
Transmission Mode	Code for the mechanism by which disease or condition was acquired by the subject of the investigation.	Not required
Detection Method	Code for the method by which the public health department was made aware of the case.	Not required
Confirmation Method	Code for the mechanism by which the case was classified. This attribute is intended to provide information about how the case classification status was derived. Example: Clinical diagnosis (non-laboratory confirmed), Epidemiologically linked, Laboratory confirmed, Unknown	Not required
Confirmation Date	The date the case was confirmed.	Not required



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Case Status	Indication of the level of certainty regarding whether a person has a disease/condition. Where applicable, is defined by CSTE/CDC Standard Case Definition. For example: Confirmed, Probable or Suspect case.	Required
MMWR Week	MMWR Week for which case information is to be counted for MMWR publication.	Required.
MMWR Year	MMWR Year (YYYY) for which case information is to be counted for MMWR publication.	Required
General Comments	Field which contains general comments for the investigation.	Enter if needed.
Condition Specific Custom fields		
Does this case involve human exposure	Yes/No/Unknown	Required
Summary and Disposition	Text Field –Summary what happened with case for example Pound quarantine, home quarantine, treated etc.	Required
Name of Additional Contact	Name of other persons who may have been in contact with this animal	Enter if known
Phone Number of Additional Contact	Home phone number of other persons who may have been in contact with this animal	Enter if known
Incident Date	Date that the incident occurred.	Required
City or Town of Incident	City or town where the individual was exposed to the suspect animal. (Not the home address)	Required
Description of Incident	Short description of how this exposure occurred	Required
Type of Exposing Animal	Dog, cat, raccoon, etc. Choose from drop-down menu	Required
Was the animal captured?	Yes/no/unknown	Required



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Was the animal Retrievable?		Required
Was the animal Quarantined?	Was this animal placed on quarantine either in the home or in an animal shelter. Yes/no/unknown	
Was the animal Euthanized?	Yes/No/Unknown	Required if animal was euthanized.
Rabies Vaccination Status	Was the animal vaccinated against rabies and is the vaccination up to date. Drop-down menu	Enter if known
Address of Owner of Exposing Animal	Address of the owner of the animal that is suspect	Enter if known
Type of Wound	Was this a bite, scratch, abrasion, proximity, or by saliva on a wound or lesion	Required
Animal Tested	Was this animal tested for rabies Yes/No/Unknown	Required
Rabies Number	This field will be used as a holder for the Id of the exposing animal if the animal was tested at the laboratory. This number will cross-reference the animal rabies report.	Required if animal was tested
Location of Bite	Drop-down menu. Leg Head/Neck Arm Trunk Other	Required if other specify in the following box.
Location of Bite (if Other)		
Does this case involve human exposure	Yes/No/Unknown	Required
Summary and Disposition	Text field	Required
Recommendations or Treatment	Drop-down menu describing the risk of exposure and the recommendation for treatment	Required
If HRIG or HDVC released then answer the following		
Name of DOH Doctor	Name of Doctor who authorized release of HRIG and/or HDVC Drop-down menu	Required
Name of Dispensing Pharmacy	Location where the vaccine was picked up. This is a drop-down menu	Required



Brief Description or Field Name	Description	RI Rules for Data Entry
Place of Rx	Location of the administration of vaccine – text field	Enter if known

Notes: